VCOM Psychiatry Online Case B

“Slowly Slipping”

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Scenario

• Shortly after Thanksgiving, an elderly man is brought in by his family who state they believe their father is “just slipping away”. They had not seen their father in several months until visiting him at home over the holidays and finding him in his present state.
HPI

• The patient is a 77 year old Black male patient who lives near a local town on the family farm. Family state that they believe that he has been having some difficulty with keeping up with possessions, remembering appointments and remembering people’s names for about 2 years. His symptoms have been progressive over that period of time.
HPI

• With questioning the patient admits to having difficulty with remembering appointments and sometimes medication.
• He denies any periods of confusion or disorientation.
• He sates that he sleeps well and appetite has remained adequate however the family does believe that the patient has lost some weight.
Medical history

- The patient has a history of hypertension, GERD, cardiac artery disease, renal insufficiency and gout.
- Surgical history includes a cardiac catheterization with stent placement in 1997.
- Psychiatric history is unremarkable and the patient states that he has never received any treatment for a psychiatric condition.
Family History

• The patient and family recall that the patient's father died of a stroke at age 76 but had been significantly demented for several years prior to that.

• An aunt of the patient was demented prior to her death several years ago and required placement in a nursing home.

• They are not aware of any history of other memory disorders or Down’s syndrome in the family.
Social History

- The patient was born at the same farm where he now lives.
- He attended school through the 8th grade but later obtained his GED when in the army.
- He served in the US Army infantry during the Korean conflict.
- He later worked as a farmer and at a local factory for several years.
- He was married to his only wife for 56 years until her death 3 years ago. The couple had 3 children who currently live in other states but maintain close contact.
The Folstein Mini Mental State Exam is **not** effected by the educational level of the subject.

a. True
b. False
Sorry, this is an incorrect answer
Correct!

The Folstein Mini Mental State Exam is a cognitive screening tool that is effected by a number of variables. One of the most pronounced effects on the score is often a result of educational level of the subject. Test score norms have been published for various educational levels.
Substance Use History

• The patient admits to a remote history of heavy alcohol use when in the army however states that he has not drunk any alcohol for many years.

• He denies having used any elicit drugs or misused any prescription drugs
Review of Systems

- The patient denies chest pain, shortness of breath or dyspnea.
- He denies dizziness, difficulty with balance, numbness or tingling in any extremities or recent falls.
- Review of systems is otherwise unremarkable.
Physical Exam

- Vital signs stable with BP 157/86
- Heart regular rate and rhythm
- Lungs clear to auscultation
- Abdomen is soft and non-tender
- Neurological exam reveals no focal signs, cranial nerves are intact. There is evidence of the presence of pathological reflexes.
Mental Status Exam

- Pt. appears well dressed and groomed
- He is pleasant and cooperative
- Mood is euthymic with affect that is full, stable and appropriate.
- Thought process is logical and content shows no evidence of delusions, suicidal or homicidal ideation.
- He denies hallucinations
MMSE

• Total score is 21/30
  – Orientation score is 6/10
  – Recall is 1/3 at 5 minutes
  – Calculation/Attention is 3/5
  – Design copying is 0/1 and
Which would be the least likely to be included in the differential diagnosis?

a. Major Depression with pseudodementia
b. Dementia, Alzheimer’s type, late onset
c. Generalized anxiety disorder
d. Dementia, Vascular type
Sorry, this is an incorrect answer
The differential diagnosis should include disorders characterized by cognitive impairment. Dementia, other cognitive disorders, and other psychiatric disorders with potential cognitive symptoms could be included. Major Depressive disorder is prevalent in geriatric patients and often presents with cognitive symptoms. Generalized Anxiety disorder is not generally associated with cognitive deterioration and/or impairment.
Which would be the most appropriate treatment?

a. Dialectic Behavioral therapy and buspirone.
b. Memantine and insight oriented therapy
c. Amitriptyline and interpersonal psychotherapy.
d. Donepezil and supportive psychotherapy
Sorry, this is an incorrect answer
Acetylcholine esterase inhibitors such as donepezil are standard of care in the treatment of mild to moderate dementia. In addition to pharmacologic treatment, supportive therapy for the patient and/or family is often useful. Psychotherapies involving cognitive processing such as insight oriented psychotherapy or dialectic behavior therapy are generally not useful either as monotherapy or in combination with pharmacological agents.
Follow Up

- After your treatment recommendations, the patient starts donepezil and the patient and his family attend an educational support group.
- You see the patient back in 1 month and both he and family state he is doing well. He remains in his own home but the patient and his family have begun looking at assisted living facilities.
Which of the following is a true statement?

a. Donepezil should be stopped as the patient has not shown a response.
b. The donepezil may be increased to 10mg qhs if no significant side effects.
c. The patient will likely deteriorate rapidly given his lack of response.
d. The family should be informed that you have done all you can to help the patient.
Sorry, this is an incorrect answer
Correct!

Donepezil is classified as an acetylcholine esterase inhibitor and is indicated for the treatment of mild to moderate dementia. It is generally started at 5mg qhs and increased in 4-6 weeks to 10mg (dose with greatest efficacy) if no side effects are present. About 20% of patients show a measurable improvement in their cognitive functioning after adequate (6-8 weeks) trial at maximum dose 10mg/day however delay in progression of cognitive impairment occurs in most patients.
Conclusions

- After increasing the medication doseage you again send the patient home with family supervision of medications and functioning.
- You see the patient again 3 months later. You examine the patient and find that he now scores 24/30 on the Folstein mini mental state exam and functionally he and his family feel that he is doing better. His medication compliance is good.
- The patient and his family feel that he is safe and should stay in his home for now with close contact with family.